

**Vendor Registration**

**Vendor Information**

1 Primary Vendor Category

<input type="checkbox"/>	Fresh Food	<input type="checkbox"/>	Staples
<input type="checkbox"/>	Personal Care	<input type="checkbox"/>	Household needs
<input type="checkbox"/>	Beverages	<input type="checkbox"/>	General Merchendize
<input type="checkbox"/>	Packed Food	<input type="checkbox"/>	Electronics

2 Vendor Name

3 Address  
(Registered /Corporate Office)

  
  

Address ( Branch Office )

  
  

4 Contact No

	<b>Accounts Contact</b>	<b>Supply Chain Contact</b>
5 Designation	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>
Contact Phone No	<input type="text"/>	<input type="text"/>
Contact Fax No	<input type="text"/>	<input type="text"/>
Contact Mobile No	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

6 PAN No

7 TAN No

8 APMC Registration

9 Company Status

<input type="checkbox"/>	Private Ltd	<input type="checkbox"/>	Public Ltd ( Listed )
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Public Ltd ( Deemed Public )
<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Others

10 Scale Of Operation

<input type="checkbox"/>	Large	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Small	<input type="checkbox"/>	Cottage

11 Name of MD/Partner  
Proprietor

12 Manufacturing Locations

13 Year of Registration

14 Annual Turnover ( Rs Crores )

15 Brands & Product Range

16 Present Buyers  
( Modern Retail/Cash & Carry )  
( Name & Approx Turnover )


**Order/Purchase ( Supply Point )**

17 Contact Name

--

18 Designation

--

Contact Phone

--

Contact Mobile No

--

Contact Fax No

--

Contact Email

--

19 Address

--


20 Service Tax Reg No

--

( If Applicable )

21 VAT/TIN No

--

22 Whether Supply Point Address  
is same as Goods Return Address

--

Yes

--

No

If No - Goods Return Address

--


**Remittance/ Payments**

23 Contact Name

--

24 Designation

--

Contact Phone

--

Contact Mobile No

--

Contact Fax No

--

Contact Email

--

25 Address

--


26 Payment Terms (Credit Period)  
(from date of receipt of goods )

--

Days

27 Bank Name

--

--

28 Branch Name/Address

--


29 Account No

--

30 MICR Code

--

31 NEFT Code

--

32 RTGS Code

33 Payment Type  Cheque  ECS

**Miscellaneous**

34 Vendor Name

35 Signatures

( I/We hereby declare that all information provided is true to the best of my/our knowledge )

36 Date  DD/MM/YYYY

**For Internal Use**

Initiated By:   
Validated By:   
Approved By:   
Data Entered By:

Signature

Vendor Account No

Log No

**Disclosures:**

37 Please provide detailed information about any past or ongoing court cases, corruption charges, litigations against your business activities or you or any other related party. (Court, Case Number, issue, status)

No  YES

If yes Please Provide The details.....

38 Has any one in your company related to this Company/Director/Beneficiary, etc. directly or indirectly, if yes, please write names and other details

No  YES

If yes Please Provide The details.....

39 Please provide detailed information about any past or ongoing investigations/ regulatory enquiries against your business activities or you, if any : (Regulatory Body, issue)

No  YES

If yes Please Provide The details.....